

**Kansas Department of Agriculture**

Records Center - Food Safety

109 SW 9<sup>th</sup> Street

Topeka, KS 66612

785-296-7430

**APPLICATION FOR FOOD SAFETY LICENSE**

(Retail Food Store, Food Service within a Retail Food Store, Food Processing, Ice Cream Truck and Vending Machines)

Pursuant to the Kansas Food, Drug and Cosmetic Act, K.S.A. 65-601 et seq.; and the Food Service and Lodging Act, K.S.A. 36-501 et seq., a food service establishment in a retail food store, a retail food store, and a food processing plant shall be licensed by the Kansas Department of Agriculture. If there are multiple individual businesses with different owners within your facility each requires an individual license. Failure to register could result in regulatory action. This license is valid from January 1 through December 31st.

**A separate application should be completed for each licensed location.**

**LICENSE FEE and APPLICATION FEE ARE REQUIRED.**

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Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

County: \_\_\_\_\_

**YOU MUST COMPLETE THE APPROPRIATE SECTION ON THE BACK OF THIS FORM.**

If your business operation is a Retail Food Store complete Section A;  
Food Service Establishment within a Retail Food Store complete Section B;  
Food Processor complete Section C; Ice Cream Truck complete Section D; or  
Vending Machine Company or Vending Machine Dealer complete Section E.

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from location  
address) \_\_\_\_\_

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I agree as a condition to the granting of a license to comply with and abide by all the terms of the Kansas Food, Drug and Cosmetic Act, the Food Service and Lodging Act and the rules and regulations prescribed thereunder. I declare the above statements are true, complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Typed/printed name of signer Title

**For Official Use Only**

Inspector ID # \_\_\_\_\_

Inspection Date \_\_\_\_\_

Previous Establishment Name: \_\_\_\_\_

Anticipated Opening Date: \_\_\_\_\_

If you have questions concerning the type of license you need, please call the Kansas Department of Agriculture at 785-296-7430. Please check all boxes that apply to the license you need. Please note that all NEW applications require an application fee and a license fee. Send application and fees to:

**Kansas Department of Agriculture  
Records Center – Food Safety  
109 SW 9<sup>th</sup> St Topeka KS 66612**

<b>**For Office Use Only:</b>				
_____ RSN _____	_____ FSN _____	_____ FPN _____	_____ ICT _____	
_____ RSL _____	_____ FSG _____	_____ FPL _____	_____ VMC _____	
	_____ FN _____		_____ VMD _____	
	_____ FG _____		_____ VDM _____	
Check _____				
Transaction # _____			TOTAL _____	

Establishment Name \_\_\_\_\_  
Federal Tax ID # \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_

**License  
Fee**

**Application  
Fee**

**Section A- Retail Food Store**

_____ Under 5,000 square feet	<b>\$ 50.00 (RSL)**</b>	<b>\$ 50.00 (RSN)**</b>
_____ 5,000 - 15,000 square feet	<b>\$ 100.00</b>	<b>\$ 100.00</b>
_____ Over 15,000 square feet	<b>\$ 150.00</b>	<b>\$ 150.00</b>

Please check the box(es) that describes the primary type(s) of business that you operate within the facility

_____ Retail Grocery Store	_____ Bakery Outlet
_____ Convenience Grocery Store	_____ Health Food Store
_____ Retail Meat Store	_____ Bakery
_____ Specialty Shop	_____ Other _____ (Please specify)
_____ Variety Store	

**Section B- Food Service Establishment in a Retail Food Store**

_____ Food Service Establishment in a Retail Food Store	<b>\$ 200.00 (FSG)**</b>	<b>\$ 200.00 (FSN)**</b>
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**Section C- Food Processing Plant**

_____ Under 1,000 square feet	<b>\$ 50.00 (FPL)**</b>	<b>\$ 50.00 (FPN)**</b>
_____ 1,000 or over square feet	<b>\$ 150.00</b>	<b>\$ 150.00</b>

Please check the box(es) that describes the primary type(s) of business that you operate within the facility

_____ Food Warehouse	_____ Pet Food Manufacturer
_____ Food Manufacturer	_____ Meat Processor
_____ Mill/Elevator	_____ Food Salvor
_____ Soft Drink/Soda Bottling Plant	_____ Ice Plant
_____ Winery	_____ Cider Mill
_____ Brewery	_____ Sprouter
_____ Food Repacker	_____ Fruit and Vegetable Market
_____ Bottled Water	_____ Other _____ (Please Specify)

**Section D- Ice Cream Truck (ICT)\*\***

\_\_\_\_\_ Ice Cream Truck @ \$5.00 each = \$ \_\_\_\_\_

**Section E- Vending Machines**

_____ Vending Machine Company	\$ 0.00	<b>\$ 30.00</b>	VMC**
_____ Vending Machine Dealer	\$ 0.00	<b>\$ 25.00</b>	VMD**
_____ Vending Machines @ \$3.00 each = \$ _____			VDM**

